

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Amuel</i>	<i>19</i>	<i>68-16-01</i>
O.I.P.E. CLASSIFIER			<i>8-16-01</i>
FORMALITY REVIEW	<i>AM</i>	<i>917</i>	<i>04-21-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected H _____ Non-elected
 _____ Allowed I _____ Interference
- (Through numeral) _____ Canceled A _____ Appeal
+ _____ Restricted O _____ Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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